NORTH STAR
Counseling Services

Patient Name: ____

Address: (City/State/Zip): ______________________________________

Phone Number: Home: ______________ Work: ______________ Cell: _______________

Email Address: ____

Sex of Patient: ______ Date of Birth: _______________ Age: _____ Marital Status: ______

RESPONSIBLE PARTY (GUARDIAN)

Name: ____

Address: (City/State/Zip): ______________________________________

Phone Number: Home: ______________ Work: ______________ Cell: _______________

Email Address: ____

Age: __________ Marital Status: ___________ Relationship to Patient: _______________

INSURANCE INFORMATION

INSURANCE COMPANY: _______________ ACCOUNT NUMBER: ______________________

SUBSCRIBER'S NAME: ____

SS#: _________________________________

EMPLOYER: ____

DATE OF BIRTH: __________________________ SUBSCRIBER'S ID: ______________________

I, the undersigned accept financial responsibility for payment of all fees at the time of the visit, unless other arrangements have been made. I hereby authorize the release of any information regarding my/my child's condition or treatment to my insurance company. I further, hereby, authorize the payment of insurance benefits from my insurance company to this provider. There will be a $25 insufficient funds fee applied for all returned checks.

_____________________________________ _______________________

Patient/Guardian (if patient is a minor) Date

INTAKE FORM - Client or Guardian to complete

PATIENT NAME: ________________________________ DOB: ________________________

DATE OF SERVICE: ____________________________________

REFFERING PHYSICIAN: __________________________________

CHIEF COMPLAINT:

HISTORY OF PROBLEM: (WHEN DID IT START, TRIGGERS):

ANY PAST PSYCHOLOGICAL COUNSELING/HOSPITALIZATIONS:

CURRENT MEDICATIONS:

FAMILY HISTORY (MEDICAL, PSYCHOLOGICAL):

FAMILY DYNAMICS: (WHO LIVES WITH THE PATIENT, DRAW OUT GENOGRAM)

WHO HAS CUSTODY/GUARDIANSHIP (DO WE NEED CONSENT FROM OTHER PARENT)

EDUCATIONAL HISTORY:

CURRENT GRADE (SPECIAL EDUCATION?)

HAS THE CHILD EVER REPEATED A GRADE:

PERFORMANCE IN SCHOOL:

ANY PROBLEMS IN SCHOOL (FIGHTING, LEARNING DISABILITIES, LACK OF FRIENDS, POOR GRADES, GANGS, INCOMPLETE HOMEWORK, BEHAVIOR PROBLEMS)

SOCIAL ACTIVITY IN SCHOOL (EXTRACURRICULAR ACTIVITIES):

ANY HISTORY OF PHYSICAL/SEXUAL/EMOTIONAL ABUSE:

ANY INDICATION OR TENDENCY FOR SELF/OTHER HARM:

SETTING FIRES/CRUELTY TO ANIMALS OR SMALLER CHILDREN:

WORK HISTORY (ADULTS):

TREATMENT GOALS:

______________________________________ ____________________

Signature of Evaluator **Date of Evaluation**

NOTES:

Child Name: _________________ Child Age: ____Child Sex: ____Parent Name: _______________

Instructions: Read each item below carefully, and decide how much you think your child has been bothered by this problem during the past month.

Not at All	Just a Little	Pretty Much	Very Much	CPRS-48
0	1	2	3	1. Picks at things (nails, fingers, hair, clothing)
0	1	2	3	2. Sassy to grown-ups
0	1	2	3	3. Problems with making or keeping friends
0	1	2	3	4. Excitable, Impulsive
0	1	2	3	5. Wants to run things
0	1	2	3	6. Sucks or chews (thumb, clothing, blankets)
0	1	2	3	7. Cries easily or often
0	1	2	3	8. Carries a chip on his/her shoulder
0	1	2	3	9. Daydreams
0	1	2	3	10. Difficulty in learning
0	1	2	3	11. Restless in the “squirmy” sense
0	1	2	3	12. Fearful (of new situations, new people or places, going to school)
0	1	2	3	13. Restless, always up and on the go
0	1	2	3	14. Destructive
0	1	2	3	15. Tells lies or stories that aren’t true
0	1	2	3	16. Shy
1	1	2	3	17. Gets into more trouble than others the same age
0	1	2	3	18. Speaks differently from others same age (baby talk, stuttering, hard to understand)
0	1	2	3	19. Denies mistakes or blames others
0	1	2	3	20. Quarrelsome
0	1	2	3	21. Pouts and sulks
0	1	2	3	22. Steals
0	1	2	3	23. Disobedient or obeys but resentfully
0	1	2	3	24. Worries more than others (about being alone, illness or death)
0	1	2	3	25. Fails to finish things
0	1	2	3	26. Feelings easily hurt

0	1	2	3	27. Bullies others
0	1	2	3	28. Unable to stop a repetitive activity
0	1	2	3	29. Cruel
0	1	2	3	30. Childish or immature (wants help s/he shouldn't need, clings, needs constant reassurance)
0	1	2	3	31. Distractibility or attention span a problem
0	1	2	3	32. Headaches
0	1	2	3	33. Mood changes quickly and drastically
0	1	2	3	34. Doesn't like or doesn't follow rules or restrictions
0	1	2	3	35. Fights constantly
0	1	2	3	36. Doesn't get along well with brothers or sisters
0	1	2	3	37. Easily frustrated in efforts
0	1	2	3	38. Disturbs other children
0	1	2	3	39. Basically an unhappy child
0	1	2	3	40. Problems with eating (poor appetite, up between bites)
0	1	2	3	41. Stomach aches
0	1	2	3	42. Problems with sleep (can't fall asleep, up to early, up in the night)
0	1	2	3	43. Other aches and pains
0	1	2	3	44. Vomiting or nausea
0	1	2	3	45. Feels cheated in family circle
0	1	2	3	46. Boasts and brags
0	1	2	3	47. Lets self be pushed around
0	1	2	3	48. Bowel problems (frequently loose, Irregular habits, constipation)

NORTH STAR
Counseling Services

Consent for Treatment

I, ______________________________________ consent to psychological evaluation and/or treatment for the

purpose of diagnosing and treatment planning for ____, through

North Star Counseling Services.

I may revoke this authorization at any time. North Star Counseling Services has explained the following:

The risks/limitations of therapy

Other options for therapy

Confidentiality limitations

The fees for services

I authorize the release of the evaluation and therapy progress to:

____. This release will expire when therapy is terminated or within 180 days.

I also understand the fee per session/evaluation and agree to pay that fee upon services being rendered, or other agreed upon terms. A fee of $25 will be charged for appointments that are not kept or are not cancelled within 24 hour's notice.

Signed: _____________________________________ Date: __________________________

PATIENT/GUARDIAN

I hereby declare that at the time of signing the consent, the above named patient/guardian appeared to be competent to make a decision.

Signed: ____

Psychologist/Therapist